



# CG-ACGN, APPLICATION FOR ANNUAL CHARITY GAME NIGHT FIRST TIME APPLICANTS

State Form 53647 (6-08)

INDIANA GAMING COMMISSION

Approved by State Board of Accounts, 2008

For Official Use Only

License Fee Paid \_\_\_\_\_

Date Received \_\_\_\_\_

Reviewed By \_\_\_\_\_

Date Entered \_\_\_\_\_

**INSTRUCTIONS:** Processing of this application can take up to 120 days. Attach License Fee. This license type is limited to bona fide civic and bona fide veterans organizations that have been in continuous existence for at least ten (10) years. Please attach one (1) internal or external document for current year and nine (9) previous years to verify your organization has been in continuous existence for at least ten (10) years. Examples of internal and external documents can be found at the bottom of page 3.

1. Name of organization ( <i>please type or print</i> )			2. Email address		
3. Previous name of organization ( <i>if name changed</i> )			4. Federal identification number (FID)		
5. Address of principal office ( <i>number and street</i> )			Contact name		6. Business hours
City	State	ZIP code	County	Daytime telephone number ( )	
7. On which days of the week and during what hours will your charity game night event be conducted? ( <i>a.m. establishes the midnight hour, p.m. establishes the noon hour</i> ) Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M					
8. Address of the facility where the event will be conducted ( <i>number and street</i> )				Doing business as (DBA)	
City	State	ZIP code	County	Daytime telephone number ( )	

## FACILITY/TANGIBLE PERSONAL PROPERTY INFORMATION

Attach additional sheets if necessary to supply all information for each line.

9. Does your organization own \_\_\_\_\_, lease (rent) \_\_\_\_\_, or use a donated \_\_\_\_\_ facility where the licensed event will be conducted? (*Check one*)

- **If leased (rented) or donated**, enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.

Name of lessor/donor ( <i>full legal name</i> )			Address ( <i>number and street</i> )		
City	State	ZIP code	County	Daytime telephone number ( )	

10. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment or devices being leased or donated to you for this event? Yes ☐ No ☐

If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement.

**Note: Gaming equipment or devices must originate from a licensed distributor and/or manufacturer.**

Name	Address ( <i>number and street</i> )	City	State	ZIP code
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## Manufacturer and Distributor Information

Attach additional sheets if necessary

11. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase licensed supplies.

Attach additional sheets if necessary.

Name	Address ( <i>number and street</i> )	City	State	ZIP code	Items

12. Does your organization own gaming equipment or devices? Yes ☐ No ☐

If yes, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment purchased.

Name of distributor/manufacturer	Date of purchase ( <i>month, day, year</i> )	Purchase price	Type of equipment/device

## Operator Information

Attach additional sheets if necessary

13. List below at least three (3) operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event.

Full legal name	Home address <i>(number and street, city, state, ZIP code)</i>	Driver's license or state I.D.	Date of birth <i>(month, day, year)</i>	Daytime telephone number	Years with organization	Check appropriate box
				(    )		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				(    )		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				(    )		Bartender <input type="checkbox"/> Member <input type="checkbox"/>

14. Please list the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming event. Please type or print.

**X**

Name \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

15. Are any of the operators listed above also operators for another organization's charitable gaming events? Yes ☐ No ☐ If yes, attach a list including each individual's name, name of organization, and the month(s) that they will operate other gaming events.

## Worker Information

Attach additional sheets if necessary

16. List **all** individuals (*excluding operator information above*) who will assist and work in the operation of the licensed event.

Full legal name	Home address <i>(number and street, city, state, ZIP code)</i>	Driver's license or state I.D.	Date of birth <i>(month, day, year)</i>	Daytime telephone number	Mos./years with organization	Check appropriate box
				(    )		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				(    )		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				(    )		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				(    )		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>

17. Have any operators or workers listed on lines 13 and 16, or on any attachments, been convicted of a felony within the past 10 years in any jurisdiction? Yes ☐ No ☐ If you answered Yes, attach a list including each name, date, and type of conviction, and jurisdiction/court.

## Gross Retail Sales Information

18a. Will you be conducting any type of retail sales during the licensed event (i.e. accessories, concessions, etc.)? (*Check one*) Yes\* ☐ No ☐  
 \*If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided.

Name of organization offering the sales	Retail merchant certificate number
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18b. Which of the following will your organization be receiving? (*Check one*)

☐ All of the retail sales income      ☐ A flat fee retail sales payment  
☐ A percentage of the retail sales income      ☐ Other (*explain*) \_\_\_\_\_

## Additional Activities Authorized

19. Will your organization be selling pull tabs, punchboards and/or tip boards? Yes ☐ No ☐  
 Will your organization be conducting a door prize drawing at this event? Yes ☐ No ☐  
 (Limitation on door prize drawings at all events is \$1,500 and cannot be increased)  
 Will your organization be conducting a raffle drawing at this event? Yes ☐ No ☐  
 (The prize limitation on the raffle drawings when held at a charity game night event is \$5,000. With special permission from the Commission, this prize limitation may be increased up to \$25,000 one time per year.)  
☐ Check this box if you wish to increase the total raffle prize for this charity game night event from \$5,000 up to \$25,000. Note: You may increase your raffle prize payout at any allowable event once per year. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## Financial Information

20. Where will the charity gaming financial records be maintained?

Address (*number and street*)

City

State

ZIP code

21. Name, address, and telephone number of the person maintaining these records.

Name

Address (*number and street*)

City

State

ZIP code

Daytime telephone number  
(     )

22. List the organization's separate and segregated charity gaming checking account information.

Name of bank

Address (*number and street*)

City

State

ZIP code

Name of separate and segregated charity gaming checking account

Account number

## License Fee Information

23. The license fee for an organization's first Annual Charity Game Night License is \$50.00 and must be paid with this application. The fee should be paid by a check **drawn from your separate and segregated charity gaming checking account**. Make your check payable to: **Indiana Gaming Commission**.

## Certification

24. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Presiding Officer

Print name

Title

Daytime telephone number

Date (*month, day, year*)

Signature of Secretary

Print name







Daytime telephone number

Date (*month, day, year*)














**Send this application and \$50.00 fee to:**

Indiana Gaming Commission  
Charity Gaming Division  
101 W. Washington St., East Tower, Suite 1600  
Indianapolis, IN 46204  
Phone: (317) 232-4646

### Internal Documents

-  Minutes of meetings
-  Dues receipts
-  Internal audit
-  Bylaws that are dated
-  Amended bylaws that are signed and dated
-  Descriptions and results of fund-raising activities for the last ten years

### External Documents

-  Indiana Forms IT-35AR and IT-20NP
-  Federal Form 990 and/or 990T, if applicable
-  Bank statements
-  Dated newspaper articles
-  Any type of dated state or local licensing permits, such as alcoholic beverage licenses and registration with the Secretary of State's Office
-  Account payables, including copies of dated invoices
-  Account receivables, including copies of dated invoices
-  Utility bills
-  Dated leases
-  Canceled checks (representing each of the ten years)
-  Dated articles of incorporation
-  Amended articles of incorporation
-  Affidavits or letters of confirmation from the national or parent organization on organization letterhead